

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36679**

FILED NOV 14 1957

BIRTH NO. _____		REG. DIST. NO. <b>212</b>		PRIMARY REG. DIST. NO. <b>5779</b>		Registrar's No. <b>53</b>	
1. PLACE OF DEATH a. COUNTY <b>MILLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MILLER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldon</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Eldon</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 3</b>				e. STREET ADDRESS (If rural, give location) <b>Rt. 3</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEVI</b>		b. (Middle) <b>HAYS</b>		c. (Last) <b>GUNTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8, 1957</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>CAUCASIAN</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR. 14, 1892</b>	
9. AGE (In years last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. RAILWAY CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.R.I. &amp; P.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>PERRY GUNTER</b>		13b. MOTHER'S MAIDEN NAME <b>AGNES DUTCHER FAY GUNTER</b>		14. NAME OF HUSBAND OR WIFE <b>FAY GUNTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>702-14-6462</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FAY GUNTER</b>		ADDRESS <b>Eldon, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1950</b> to <b>Oct 8, 1957</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. O. Shelton</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Eldon Mo</b>		23c. DATE SIGNED <b>Oct 9</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Oct 10, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>		24d. LOCATION (City, town, or county) (State) <b>Eldon Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 10, 1957</b>		REGISTRAR'S SIGNATURE <b>Glennetta Walters</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel D. Phillips</b> ADDRESS <b>Eldon</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

192-1

RECEIVED

NOV 13 '57

Miller County  
Health Department

NOV 14 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Louis R. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.